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Delaware Department of Correction Compliance Report

Submitted Pursuant to the Memorandum of Agreement Between the
United States Department of Justice and the State of Delaware
Regarding the Delores J. Baylor Women's Correctional Institution, the
Delaware Correctional Center, the Howard R. Young Correctional
Institution and the Sussex Correctional Institution

July 30, 2007

Department of Correction
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INTRODUCTION:

This Compliance Report is submitted pursuant to the Memorandum of Agreement (“MOA”) between the United States Department of Justice (“DOJ”) and the State of Delaware (the “State”) regarding the Delores J. Baylor Women’s Correctional Institution (“Baylor”), the Delaware Correctional Center (“DCC”), the Howard R. Young Correctional Institution (“HRYCI”) and the Sussex Correctional Institution (“SCI”).¹ The purpose of this Compliance Report is to provide the DOJ with current information regarding actions taken by the State to ensure compliance with each of the substantive provisions of the MOA.²

Effective July 1, 2007, the State entered into a two-year contractual agreement with Correctional Medical Services (“CMS”) to provide medical and mental health services to the inmate population housed at all of the Department of Correction (“DOC”) facilities, including the four facilities subject to the MOA. Under the contract, CMS is required to fully staff the medical and mental health services provided to inmates housed at all DOC facilities. CMS employs a Regional Medical Director, Senior Regional Administrator, Quality Assurance Coordinator, Mental Health Director and State Director of Nursing (“DON”). Further, at each Facility, CMS employs a site Health Services Administrator (“HSA”) and DON to oversee the medical and mental health care provided to the inmate population.

In addition to expanded staffing requirements established in the July 1, 2007 CMS contract, an Audit Tool was implemented under the Third Amendment to the service contract between CMS and DOC. The parties agreed to establish an Audit Tool for the purpose of evaluating CMS

¹ Baylor, HRYCI, DCC and SCI are also referred to individually as a “Facility” and collectively as the “Facilities” in this Compliance Report.

² This Compliance Report is prepared entirely as a result of the compromise of disputed claims brought by the United States Department of Justice against the State of Delaware. Nothing contained herein or in the attached Appendices shall constitute or is intended to be interpreted as an admission of legal liability or an independent statement of fact. The statements contained herein or in the attached Appendices are intended to be without prejudice to future or collateral legal actions, defenses or positions on behalf of the State of Delaware, or its agencies, departments, and employees. Additionally, the statements and documented actions by the State contained herein and the attached Appendices are subsequent remedial measures as set forth in Federal and State Rules of Evidence 407 and are taken with the express purpose to remediate any identified deficiency in the provision of healthcare services to inmates within the custody of the State of Delaware Department of Correction.

compliance with the written performance standards set forth in the Audit Tool (Appendix 1). Further, an audit mechanism and audit compliance addendum were added to the service contract (Appendix 2) allowing for penalty provisions should CMS fail to achieve at least 80% compliance at a Facility. The standards for compliance, at a minimum, are based on the National Commission on Correctional Health Care Services (“NCCHC”), CMS protocols in effect at the time of the audit and any policies, protocols, procedures or clinical pathways currently existing or adopted in the future by DOC.

The State has also been working to update its computer information system currently in use, the Delaware Automated Correction System (“DACS”). Once fully implemented, the updated DACS program will allow CMS to more effectively perform various functions, such as intake screenings, appointment scheduling and chronic care management. The expected date of implementation of the updated DACS program is mid-September, 2007. Nineteen additional computers and wiring have been ordered, at the request of CMS, and will be installed in the Facilities in order to accommodate medical staff’s use of the updated DACS program. DOC believes that the updated DACS will greatly improve backlogs in scheduling and also serve as an additional quality control tool for auditing the health care services provided to inmates.

MEDICAL AND MENTAL HEALTH CARE:

(2) Policies and Procedures:

On July 5, 2007, the draft copy of Chapter 11, Health Services policies was provided to the DOJ electronically for review. Although the bulk of the policies were sent to the DOJ on July 5, 2007, the State is currently revising and drafting additional policies for DOJ review. The Action Plan submitted to the DOJ on April 30, 2007 (the “Action Plan”) provides for implementation of the Chapter 11, Health Services policies by September 17, 2007, but the actual implementation date depends to some degree on any feedback or recommendations received from the DOJ regarding the DOC’s policies.

(3) Record Keeping:

With the exception of a position in the CMS Delaware regional office, all clerical positions are currently filled. As of June 25, 2007 CMS reports that medical records departments at each

Facility are operating at 100% staffing. Further, medical records personnel have been trained regarding proper procedures for organizing and filing documents in the inmate's medical record. The updated DACS program will also allow the user to request an inmate's medical record and track the Facility in which the medical record is located. Notices will be sent to the individual designated by the site HSA regarding the need for the medical record to be transferred.

(4) Medication and Laboratory Orders:

DOC policy requires that the Facility medical staff ensure timely responses to medication orders and laboratory tests. The Third Amendment Audit Tool is being used to assure compliance with DOC policy.

(5) (6) (7) Staffing and Training:

The DOC currently employs a Health Director who oversees the management of the medical program, a Mental Health Treatment Services Specialist, Substance Abuse Treatment Service Specialist, Compliance Coordinator, Quality Assurance Administrator, Administrative Assistant and Senior Fiscal Administrative Officer in the Office of Health Services ("OHS"). Further, the DOC is currently recruiting candidates for a Nurse Practitioner to assist in assuring compliance with DOC Health Services policies. In addition to the DOC OHS, CMS operates a regional office to oversee the medical and mental health care provided at Delaware DOC facilities. The CMS regional office staff include Quality Assurance personnel, a Regional Medical Director, Dietician, Senior Regional Administrator and a Regional Mental Health Director. CMS is currently recruiting candidates for a Regional DON position and a Vice President of Regional Operations position.

In May 2007, DOC agreed to an additional 39.15 health care staff positions throughout the Delaware DOC facilities. This was a 20% increase in staffing, and the July 1, 2007 contract with CMS was renegotiated to reflect the cost of the additional positions. The General Assembly approved the budget required to fund these new positions. At HRYCI, SCI and Baylor, a full-time DON and HSA are currently employed to manage the health care services at each of those facilities. As of July 25, 2007 CMS reports that 79.17% of the medical unit positions at HRYCI are filled and 86.40% of the positions at Baylor are staffed. CMS reports that staffing for SCI is currently at 71.88% for the medical unit. At DCC, there is currently a full-time DON on staff

with an interim HSA. CMS is actively recruiting and interviewing for a permanent HSA at DCC. CMS currently has 89.44% of the medical unit staff positions filled at DCC. Most of the vacant positions at DCC and HRYCI are nursing positions. The DOC has new contractual remedies available for addressing staffing deficiencies under the July 1, 2007 contract with CMS, and is actively monitoring performance in this area.

(8) Medical and Mental Health Staff Training:

CMS currently provides monthly in-service training for both medical and mental health staff. In addition, all mental health professionals employed through CMS are trained and qualified to provide mental health counseling services pursuant to the guidelines established by the state of Delaware. The DOC in consultation with CMS, concluded that the mental health counselors should be licensed by the State by December 31, 2008, although licensure is not required under Delaware law. CMS employees will receive two formal notices of the DOC licensure requirements: the first was issued on July 27, 2007, and the second will be distributed on August 24, 2007. As an incentive to employees, CMS offers tuition reimbursement for employees who wish to take classes in order to obtain a license. Further, under CMS's policy, if the employee is demonstrating good faith efforts to obtain their license, the deadline may be extended by up to six months.

(9) Security Staff Training:

Please see response to numbers (28), (32) and (43).

(10) (12) (13) Screening and Treatment:

Currently upon intake, the intake nurse completes the intake medical and mental health screening form using the DACS system. DOC policies require the intake medical screening to be performed within two hours of arrival at the Facility. Such screening is performed by a member of the nursing staff and includes a mental health screening (Appendix 3). If an inmate answers "yes" to any mental health screening questions, the inmate will automatically receive a referral and assessment by a mental health professional within twenty-four hours. Additionally, if the intake screening nurse notices that the inmate requires a mental health assessment, they may refer the inmate for a mental health assessment. Further, pursuant to DOC policy, a subsequent health assessment is performed within seven days of the inmate's arrival at the Facility. The

DACS scheduling component automatically creates the health assessment list for inmates still in the system ten days after their intake date who may not have had the assessment performed according to the schedule. In addition, a paper log is currently maintained for staff to track the health assessments that have been performed. The paper log also serves as a quality assurance list for the staff to identify inmates still requiring a health assessment.

Pursuant to DOC policy, referrals for specialty care are to be completed within 40 days from the date of the initial referral. For routine requests with wait times exceeding 30 days, the patient is to be seen by the primary care physician at 30 day intervals. If the primary physician feels that the clinical presentation warrants an appointment earlier than the 30 day timeframe, the Regional Medical Director is to be contacted for an earlier appointment and these efforts are to be documented in the progress note. Follow-up requests are scheduled in accordance with consultant recommendations unless the primary care physician documents an alternative plan in the medical record. The updated DACS system also has a quality assurance component that will monitor inmates who are past their due dates for intake screenings, assessments, chronic care and other date-sensitive appointments. This will allow the site HSA, DON and OHS to monitor treatment needed by inmates and assist in preventing backlog.

(14) Discharge Planning:

Currently, each site HSA receives notification from the DOC classification department of any inmates who will be discharged within thirty days. The HSA then forwards the list to the appropriate medical, mental health and dental disciplines for discharge and after care planning. Special case management is provided for inmates being released with HIV disease.

(15) Drug and Alcohol Withdrawal:

The DOC policy provides that inmates experiencing life threatening intoxication or withdrawal are sent to an acute care facility. Further, methadone maintenance programs will be offered to pregnant inmates who are addicted to opiates and/or participating in a legitimate methadone maintenance program when they entered the Facility. The DOC is currently working with the State of Delaware Division of Substance Abuse and Mental Health on protocols for this process.

(16) Pregnant Inmates:

CMS is currently providing care and treatment for approximately twenty-eight pregnant females. As part of the intake screening, all females receive a urine pregnancy test. Any female with a positive result is placed on the pregnancy log. The inmate's clinical plan includes management by the specialty on-site OB/Gyn provider and prenatal vitamins. Pregnant inmates are scheduled to be seen within seven days of initial intake by the OB/Gyn nurse practitioner. After intake assessment by the OB/Gyn nurse practitioner, the schedule for ongoing treatment is based on the pregnant inmate's particular needs. If any complications arise, immediate consultation is provided. In addition, the OB/Gyn nurse practitioner is on site at Baylor on a weekly basis to evaluate the inmate. If clinically indicated, the OB/Gyn nurse practitioner will refer the inmate to the obstetrician.

(17) Communicable and Infectious Disease Management:

CMS employs Infection Control Coordinators at all of the Facilities. The DOC policy sets out specific guidelines regarding the type of monitoring that must be conducted for certain types of infectious disease. Monthly reports are sent to the OHS for analysis.

(18) Clinic Space and Equipment:

The DOC has been working with CMS to identify additional space in the Facilities to perform examinations, store medical records, house equipment and provide office space for various staff members. Some progress has already been made by obtaining office equipment that permits more effective storage of medical records and frees up additional space for exam rooms. In SCI, DCC, Baylor and HRYCI additional space has been provided for examination, consultation and treatment rooms. The DOC has also ordered six oto-ophthalmoscopes, a vital signs monitor, four exam tables, a microscope, transport cot and two digital flex scales in order to replace old equipment or add additional equipment for use in the medical units. Further, DOC is reviewing requests for new, more compact and portable medical equipment that will allow for additional working space in the medical units of the Facilities.

In addition, each Facility has enacted an Action Plan to address the cleanliness issues raised by the first Monitor's Report (Appendix 4). The primary responsibility for cleaning the floors, walls and any other janitorial services of the medical units will rest with the DOC. CMS will be

responsible for tasks that are inappropriate for inmate workers and for cleaning, de-cluttering and organizing areas that are solely under CMS control. For example, CMS will be responsible for disposal of sharps and hazardous wastes and for maintaining medication carts. As a quality control component of the site Action Plans, the DOC and CMS jointly perform environmental inspection rounds on a monthly basis to ensure that the medical units are conforming to NCCHC standards for cleanliness.

ACCESS TO CARE:

(19) Access to Medical and Mental Health Services:

Currently, when an inmate determines that he/she requires health or mental health care services, the inmate fills out a sick call form. This is a generic form used for all medical, mental health and dental disciplines (Appendix 5) and is submitted into a secure repository that maintains the inmate's confidentiality. The requests are collected daily and distributed to the appropriate medical unit providers. Additionally, a sick call log is also kept by medical staff and audited regularly as part of the quality assurance process.

(20) Isolation Rounds:

CMS currently follows NCCHC policy regarding medical care for segregated inmates. At DCC there are over three hundred inmates in segregation. A patient roster is printed from DACS and rounds are documented on the roster to ensure all patients are seen. The logs are maintained at the Facility in a central location and copies are sent to the CMS Regional Mental Health Director on a monthly basis for review. In the event an inmate is referred for follow-up medical or mental health treatment, this information is documented in the inmate's medical record. Although the current roster does not contain room for the medical personnel performing the rounds to make comments, it will include an appropriate comments section when the DACS updates are completed.

(21) Grievances:

Pursuant to DOC policy, an inmate grievance regarding medical issues shall not exceed 180 calendar days from the time of the initial grievance to the final appeal response. Currently at Baylor and SCI, there are no outstanding grievances. There are 207 outstanding grievances at

HRYCI and 160 outstanding grievances at DCC that are over 180 days old, with the oldest grievance filed on October 14, 2004. CMS is currently working on reducing both the number of outstanding grievances and the time required for resolving grievances. DOC has offered additional staffing to aid in the process of resolving the outstanding grievances. Pursuant to the requirements of the DOC – CMS contract, the proper and timely resolution of medical grievances is the responsibility of CMS and requires the participation of CMS staff. DOC continues to monitor CMS performance relating to grievance backlogs and provide assistance.

CHRONIC DISEASE CARE:

(22) Chronic Disease Management:

Pursuant to DOC policy, upon evaluation either at sick call or intake, if an inmate presents with chronic care needs, the nurse completes the chronic care referral form to initiate a clinical evaluation. At the conclusion of the clinical evaluation the clinician will document a treatment plan to include diagnostic and therapeutic interventions along with patient education for each chronic illness. The clinician will determine interval frequency based on degree of disease control. The physician will write orders for medication, if indicated, to ensure continuity through next visit and laboratory tests for which the results are available at the time of the next appointment. CMS follows the NCCHC standards for chronic disease care and treatment, which is outlined in their Chronic Care Guidelines handbook.

(23) Immunizations:

Currently, there are thirty-three juveniles housed at HRYCI. CMS has recently implemented a tracking system for immunizations of juveniles. CMS will work collaboratively with DOC and the Division of Public Health Immunization Program to obtain the records, if available, of all juveniles housed in DOC facilities. Once the information is received, the DOC will ensure that the medical staff updates the juvenile's immunizations in accordance with nationally recognized guidelines and Delaware school admission requirements.

MEDICATION:

(24) Medication Administration and (25) Continuity of Medication:

Currently, nurses perform medication administration at times ordered on the Medication Administration Records per doctor's orders. Normally, the first medication passes are done during the morning hours with a second and third medication pass during the afternoon and evening hours respectively. Additional passes include lunchtime blood glucose checks and insulin injections as indicated. At the end of the shift, the medication administration nurse reviews the Medication Administration Records to determine which patients were noncompliant and follow up accordingly. If a patient is deemed non-compliant for three consecutive doses of medication, the patient is scheduled to meet with the provider to discuss the noncompliance and its possible ramifications for the inmate's medical treatment. Pursuant to CMS policy, medication administration is consistently monitored by the site DON with ongoing medication administration education for staff that is involved in the dissemination of medication to inmates.

(26) Medication Management:

DOC policy requires medication storage rooms to be locked at all times, and inspections by DOC compliance personnel confirm adherence to this policy. Keys to access the rooms are kept with a member of the medical staff and used to enter and exit the dispensary. CMS currently uses two separate policies regarding the disposal of narcotics and the disposal of all other medications. A log is maintained and kept on site at each Facility for the maintenance and disposal of controlled substances. All other medications that are discontinued or where the patient has been discharged are placed in a box and returned to the vendor pharmacy.

EMERGENCY CARE:

(27) Access to Emergency Care:

All inmates who require acute emergency care are transported outside of the Facility to an offsite facility for emergency evaluation and treatment as necessary.

(28) First Responder Assistance:

Currently, all correctional employees attend a nine week course through the DOC titled, “Correctional Employee Initial Training” before commencing their employment at a DOC Facility. During this training, all security staff receive seven hours of CPR training and an additional seven hours of First Aid training. This class also includes training on the Automatic Emergency Defibrillator machines. Further, all security staff receive another seven hours of training on “Special Medical Topics.” This class provides training on such issues as contagious disease and blood borne pathogens. All three classes are taught by CMS medical professionals. In addition to the initial orientation training, security staff receive yearly refresher training on CPR, First Aid and use of the Automatic Emergency Defibrillator machines. Refresher training for “Special Medical Topics” is conducted on a three year basis. All security staff employees are issued CPR masks along with latex gloves and a glove pouch as part of their uniforms, to provide first line emergency response. Logs of employee training attendance are maintained by the DOC Employee Development Center located at the DOC Central Administration Building and available for inspection by the Monitoring Team.

MENTAL HEALTH CARE:

(29) Treatment:

Mental Health Services are available on site to all inmates by qualified mental health professionals.

(30) Psychiatrist Staffing:

All contracted psychiatrist staffing is operating at 100% coverage. During the visit, the psychiatrist sees the inmate and the clinician is present to take notes and modify the treatment plan as needed. Further, the psychiatrist oversees Mental Health Treatment team meetings, which are conducted between the psychiatrist, clinician and patient.

(31) Administration of Mental Health Medications:

CMS has adopted a set of clinical protocols for laboratory tests required for psychotropic medications in order to comply with this MOA requirement. Further, a psychiatric nurse has been added to the staff at DCC for the special needs units. The nurse monitors the psychiatric

medications prescribed to inmates in this unit to ensure continuity of the medications and monitor potential side effects.

(32) Mental Illness Training:

During the seven hour initial training course regarding “Special Medical Topics,” DOC staff receives instruction on various issues regarding mental illness (Appendix 6). The course is taught by a qualified health professional from CMS. This training allows the DOC staff to make observations based on mental health needs and request behavioral observation and referral to Mental Health Staff (Appendix 7). Refresher training for this topic is done on a three year basis with the last training performed in 2005 and training scheduled for 2008. Logs of employee training attendance are maintained by the DOC Employee Development Center located at the DOC Central Administration Building and available for inspection by the Monitoring Team.

(33) Mental Health Screening:

As noted in the Screening and Treatment section of this report, a mental health screening is performed on each incoming inmate as part of the initial intake screening. If an inmate answers “yes” to any of the questions on the mental health portion of the screening, the inmate will automatically receive a referral and assessment by a mental health professional within twenty-four hours. Further, any medical or mental health professional can refer an inmate to psychiatry.

(34) Mental Health Assessment and Referral:

Any medical or mental health professional can refer an inmate to psychiatry (Appendix 8). The inmate will be seen for a psychiatric assessment, which will be completed within five to ten days from the date of the referral. Due to the confidentiality of the sick call system, any self-referrals for mental health treatment are made through the sick call procedure. A comprehensive assessment was done by DOC of sick call services at all Facilities to ensure confidentiality and appropriate access by inmates. DOC installed new receptacles where necessary. Additional mental health staffing has also been added at all Facilities to ensure adequate response times to sick call requests for mental health issues. At any time, any DOC or vendor staff can ask for a mental health assessment if the situation warrants.

(35) Mental Health Treatment Plans:

Treatment plans are initiated by a mental health professional at the first visit and reviewed at a minimum of every three months by the Mental Health Treatment team. Each site maintains a Mental Health roster that lists each individual inmate who is receiving mental health services. The list also contains the date of the next treatment plan review scheduled for the inmate to ensure that they are performed in a timely manner.

(36) Crisis Services:

When a crisis situation occurs, the inmate is immediately assessed by a mental health professional. Less severe situations could involve an inmate who only requires short-term monitoring or psychiatric observation. The most extreme cases result in referral and transfer to the Delaware Psychiatric Center or an acute care facility if needed. When clinically necessary, an inmate at the Facility who becomes a risk for harm to self or others may require therapeutic restraints or involuntarily medication. From December 29, 2006 to June 30, 2007, five inmates have been given involuntary medication and four inmates have required therapeutic restraints. When such measures are not successful in stabilizing the inmate, the inmate is transported to an acute care hospital outside of the Facility. DOC policies prohibit the use of administrative/disciplinary isolation in response to psychiatric emergencies.

(37) Treatment for Seriously Mentally Ill Inmates:

Currently there are various programs for inmates with mental illness issues that include screening, assessment, routine mental health counseling (occurring on a monthly basis, at minimum), psychopharmacological intervention with a review by a psychiatrist at least every 90 days, group treatment, special needs units and psychiatric observation for inmates who are either suicidal or have decompensated to the extent that they cannot be safely managed in their normal housing location. If an inmate cannot be managed by mental health services provided at the Facility, a referral to Delaware Psychiatric Center is made.

(38) Review of Disciplinary Charges for Mental Illness Symptoms:

DOC policy requires medical staff to review the medical records of all inmates who are placed in segregation. When medical staff identify that an inmate is placed in isolation who has a history

of mental illness, a referral is made to mental health staff for a follow-up assessment to identify any contraindications to such placement. If any staff, DOC, medical or mental health believe that an inmate's mental health condition is related or may have contributed to their disciplinary charges, the inmate is referred to a mental health professional for assessment and an appropriate recommendation is made to the security staff conducting the disciplinary hearing.

(39) Procedures for Mentally Ill Inmates in Isolation or Observation Status:

As noted above, based on the inmate's medical history, a referral is made to mental health for inmates placed in isolation who are currently receiving mental health treatment. The number of rounds performed by mental health staff exceeds the once a week requirement indicated in the MOA. Mental health rounds on inmates in segregation occur three times each week. Mental health staff communicates any concerns regarding contraindications and custody staff are required to respond appropriately.

(40) Mental Health Service Logs and Documentation:

As noted above, a Mental Health roster is maintained by the mental health clinicians at each Facility and lists each individual who is receiving mental health services. The roster is currently accessible by all mental health employees for their review at each Facility.

SUICIDE PREVENTION:

(41) Suicide Prevention Policy:

The DOC has drafted a new suicide prevention policy, which covers all of the requirements set forth the MOA, and this policy has been sent to the DOJ for review.

(42) Suicide Prevention Training Curriculum:

See Appendix 9. Mock demonstrations and proper use of emergency equipment are being taught in the CPR/First Aid portion of training for security staff. As noted earlier, refresher training on this course is conducted on a yearly basis.

(43) Staff Training:

The DOC Action Plan states that Suicide Training will be provided to the entire DOC security staff by January 1, 2008. As of the date of this report, 556 DOC employees (nearly one third of the security staff) have completed the Suicide Prevention Training Course. Courses are ongoing, and will continue to be provided to all new hires after existing staff are trained. Training records are maintained by each Facility training coordinator. Further, additional copies are maintained at the DOC Central Administration Building by the OHS Senior Fiscal Administrative Officer and are available for the Monitoring Team's review.

(44) Intake Screening/Assessment:

Currently, the DOC uses an intake screening that covers all of the required areas listed in the MOA. Assessment is provided for those patients whose screening indicates any positive answer to the screening tool.

(45) Mental Health Records:

Upon intake, if an inmate reports that he/she has a significant medical or mental health history or recent mental health hospitalization, they are asked to complete a release of information form. The medical and mental health staff attempts to request the relevant medical documents from the various health care facilities. The medical record staff is responsible for forwarding the request for documents to the appropriate health care provider/Facility. CMS is currently working to improve the process of obtaining the relevant information from the outside health care facilities.

(46) Identification of Inmates at Risk of Suicide & (47) Suicide Risk Assessment:

When an inmate is identified as at risk for suicide that inmate is kept under constant supervision and mental health/medical is immediately contacted. Further, an order is obtained to place the inmate on suicide precautions. The inmate is also assessed by a qualified mental health professional as soon as possible but no later than twenty-four hours after the risk has been identified.

(48) Communication:

All issues regarding inmate suicide precautions are documented. Multi-disciplinary team meetings are also conducted on a weekly basis regarding the inmate's stability and their status on

suicide precautions. Mental health staff are instructed to discuss patient progress with custody staff when making decisions regarding downgrade or discharge of observation status.

(49) Housing:

All cells being used to house inmates on suicide watch are visible by correctional staff. Certain steps have been taken to improve suicide resistance in some cells. For example, break away sprinkler heads have been installed in the cells used for suicide watch at HYRCI. Mental Health staff determines the level of restriction (what items an inmate may have in their cell) for the inmate based on clinical judgment.

(50) Observation:

At the highest level of psychiatric observation, inmates are observed on a constant basis. All other inmates on observation are monitored at a minimum of every fifteen minutes by correctional staff and during each shift by medical staff.

A physical assessment is performed by a physician whenever an inmate is placed on observation. Further, mental health staff assesses and interacts with all inmates on a daily basis.

(51) “Step-Down Observation”:

Currently, DOC has implemented policies and procedures that require step down levels of observation to be utilized when inmates are released from suicide precautions. Follow-up assessments are conducted initially within twenty-four hours following discharge from suicide precautions and subsequently as clinically indicated on the individual treatment plan.

(52) Intervention:

This topic is covered under the DOC’s response to First Aid/CPR training and Suicide Prevention Training.

(53) Mortality and Morbidity Review:

Current policy requires a mortality and morbidity review to be accomplished in the event of a suicide or a serious suicide attempt. Since December 29, 2006, there have been three serious

suicide attempts by inmates at the Facilities. Mortality and morbidity reports were completed in each case and are maintained at the DOC Central Administration Building.

QUALITY ASSURANCE:

(54) Policies and Procedures and (55) Corrective Action Plans:

In Chapter 11, Health Services section of DOC's policies, there are certain requirements for various levels of quality assurance are addressed. A Quality Improvement Program will be implemented and monitored by the local Health Services Administrator. Each site will also maintain a Quality Improvement Committee to review the implementation, maintenance and monitoring of the Quality Improvement Program. A Statewide Quality Improvement Committee will review implementation, maintenance and monitoring of site QI programs. The Committee will meet on a quarterly basis and review all minutes and quarterly reports submitted by the site QI committees and make recommendations to the Commissioner of Correction as necessary. Further, an annual report will be generated to the Commissioner summarizing areas that have been improved in the past year and those which need improvement.